

Vonda M. Wallaco  
Patrollogal Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

00/856994

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	4					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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